

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

**RELOCATION / FELLOWSHIP QUESTIONNAIRE**

**Authorization Number:** \_\_\_\_\_

The information requested below is needed to develop an estimate of the cost of your transfer, as provided for in 5.U.S.C. 5721, et seq, and the pertinent Federal Travel Regulations. A travel authorization will subsequently be prepared by the Relocation Specialist based on these responses. The Relocation Specialist will provide you with an estimate of allowable reimbursements, and if necessary, any additional information to facilitate your relocation.

We realize that you will not be able to furnish exact information for every item at this time, but provide your best estimate for each item that will be involved in your transfer. Please notify us immediately if significant changes develop which may affect costs such as dates of travel, shipment of household goods, number of dependents or real estate transaction costs.

**Please complete and sign this form and send to:**

**Travel Services Branch, Bureau of the Public Debt, Attn: Relocation Section  
PO Box 1328 , Parkersburg, WV 26106-1328. (\*)**

**(\*) To expedite preparation of the Authorization, please fax the completed form to:  
PCS Travel at (304) 480-8480**

**1. EMPLOYEE INFORMATION:**

Employee Name: \_\_\_\_\_  
Work Phone: (     ) \_\_\_\_\_  
Reporting Date: \_\_\_\_\_  
Office transferring to: \_\_\_\_\_  
(City) (State)

SSN # : \_\_\_\_\_  
FAX # : (     ) \_\_\_\_\_  
Home of Record (prior to entering Fellowship program): \_\_\_\_\_  
(City) (State)

**Retirement Plan :** Are you leaving the Fellowship program? Yes No  
Federal Employees Retirement System (FERS): \_\_\_\_\_ X

Employee Pay Grade and Annual Salary at time of Relocation: \_\_\_\_\_  
(This is required to ensure proper Federal taxes are calculated correctly)

**2. RESIDENCE FROM WHICH TRANSFER WILL BE MADE:**

\_\_\_\_\_  
(City) (County) (State)

**3. DEPENDENTS RELOCATING:**

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth of Children</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**For relocating dependents over the age of 21, please state reason for dependency:**

<u>Name</u>	<u>Reason for Dependency</u>
_____	_____
_____	_____
_____	_____
_____	_____

4. **TRAVEL TO NEW OFFICIAL STATION:**

(Every effort should be made for the employee and immediate family to accomplish travel at the same time.)

- a. Will you, and members of your immediate family travel together? \_\_\_\_\_

Please indicate your anticipated:

Departure Date: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Select your mode of transportation:

\_\_\_\_\_ Privately-owned automobile (POV) -

\_\_\_\_\_ If more than one POV, indicate how many needed and provide justification below

\_\_\_\_\_ Common carrier: Air \_\_\_\_\_ Train \_\_\_\_\_ Bus \_\_\_\_\_

If your family is traveling with you and **more than one automobile is needed**, please furnish a **justification** for each vehicle: \_\_\_\_\_

- b. If your family will be traveling separately, please complete the following for their travel:

Departure Date: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Select mode of transportation:

\_\_\_\_\_ Privately-owned automobile (POV)

\_\_\_\_\_ Common carrier: Air \_\_\_\_\_ Train \_\_\_\_\_ Bus \_\_\_\_\_

Please state reason why it is necessary for your family to travel separately: \_\_\_\_\_

- c. If driving, what is your estimated mileage (one way) : \_\_\_\_\_

5. **TRANSPORTATION AND TEMPORARY STORAGE OF HOUSEHOLD GOODS:**

(Temporary Storage may be limited to 60 days, NTE 90 days without special authorization.

Contact your Relocation Specialist for details)

- a. Number of bedrooms in current home: \_\_\_\_\_

- b. Anticipated date of shipment: \_\_\_\_\_

- c. Will you require temporary storage at the old official station? \_\_\_\_\_ Approx. # of days: \_\_\_\_\_

Will you require temporary storage at the new official station? \_\_\_\_\_ Approx. # of days: \_\_\_\_\_

- d. Mobile home:

1) Do you desire to move a mobile home which you own and will occupy as a residence? \_\_\_\_\_

2) If so, where is it presently located? \_\_\_\_\_

3) Date it will be moved? \_\_\_\_\_

- e. Will you require shipment of your POV? Yes No

**The above responses are accurate and complete to the best of my knowledge at this time. Any significant changes will be brought to the attention of the Relocation Specialist.**

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date)

**Upon completion of this questionnaire, the Relocation Specialist will complete the following estimate:**

**Total of allowable entitlements:** \_\_\_\_\_

**PRIVACY ACT**

In compliance with the Privacy Act of 1974, the following information is provided, Basis authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting data is to determine the amount to reimburse an employee for expenses incurred in connection with permanent change of station. Information may be transferred to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we shall not be able to reimburse you for your expenses.